

WORKSHOP III

PLANNING COMMUNITY MEDICAL CARE

Chairman: DR. RAY E. TRUSSELL, Commissioner of Hospitals, New York City

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Dr. Trussell opened the discussion by saying that planning of health services is absolutely essential. Faced with a scarcity of trained people and skyrocketing costs, we cannot justify poorly used personnel and underutilized or misused facilities, which reduce service and waste money. The consumer pays the bills, whether through government reimbursement, Blue Cross, other hospital and health insurance plans or directly out of his pocket. Successful planning depends on the volume and quality of the data and the establishment of priorities; then the machinery must be found to carry out the plan.

The chairman described the complex situation in New York City, where responsibilities are divided among a number of organizations, such as municipal, voluntary and proprietary hospitals, community health services and the city Health Department, all of which have not effectively fulfilled their obligations. An over-all program for services does not exist.

Hospital Staffing

Proper organization within the hospital was held to be of great importance. The appointment of full-time chiefs of clinical services was recommended as a way to insure good care. It was reported that in nine general hospitals of the Federation of Jewish Philanthropies, there are 34 such chiefs today, including six in pediatrics. One of the latter, in the Bronx Hospital, has a full-time assistant who serves as director of the pediatric clinic, and, as a result, service in the clinic has improved markedly, according to Health Department surveys.

The Hotel Industry Program

A representative of the New York Hotel Trades Council spoke of the family medical program for hotel workers, sponsored by the industry's fund. In its first contract with the New York Medical College, a section of the Flower-Fifth Avenue Hospital was set aside and renovated, and physicians are employed full-time on salary to provide the care. Especially noteworthy is the fact that one-fourth of each physician's time is guaranteed to the hospital, in the form of service, education or research, which helps the hospital finance free care with less dependence on philanthropic funds. The program is tied closely to the needs of both the hospital and the community. It is contemplated that there will be ten such centers in the city.

The observation was made that union contracts in themselves do not provide good care. Experimentation is valuable, but it is premature to evaluate the hotel industry's program at this time or to move hastily to make the program city-wide.

On the contrary, Dr. Trussell said, we have been moving too slowly. He agreed, however, that the ability and competence of the physician are the keys to the success of any medical care program, and that it takes time to select capable ones.

Columbia University Reports

The report on Blue Cross plans* offered certain recommendations regarding the desirability of reorganizing regional councils in this state in order for them to play a leading role in planning. Although such

* "Prepayment for Hospital Care in New York State." (See Footnote p. 360)

councils have been established or strengthened, they still lack legal standing and therefore the power to enforce such standards as they may set.

A representative of the New York State Department of Health stated that, without legal standing, the regional councils did a good job in helping to administer the Hill-Burton program, because they had the power to approve or withhold federal grants for construction of hospital beds. Where federal grants were not involved, hospitals sometimes proceeded to build without good reason and without the approval of the council. Accordingly, it was strongly advised that the regional councils be given legal recognition.

Columbia University's report on Blue Shield plans,* which had just been released, was described as a comprehensive document. It shows very clearly that the quality of medical care in New York City requires improvement. In essence, it was found that good care is provided more frequently by qualified physicians working in institutional settings which put a premium upon excellence. This is in contrast to care given by physicians without hospital affiliations or in institutions which do not meet the various standards established by the Joint Commission on Accreditation of Hospitals or by the American Medical Association for training of residents and interns.

Review of 400,000 surgical claims paid for by Blue Shield showed that there was a wide range in the proportion of operations performed by recognized specialists (Board-certified or FACS), from 100 per cent in large teaching centers to 5 per cent in small unaccredited hospitals. It was pointed out that the Department of Hospitals of New York City is setting accreditation as a prerequisite for licensing of proprietary hospitals, but that this will not insure good care because it represents minimal standards.

A third Columbia University Report for the Teamsters Union Joint Council,† which was released during the summer of 1962, was discussed. Expert physicians evaluated the quality of patient care of 406 hospital admissions of union members' families and found many cases of unnecessary surgery and poor clinical judgment. The comment was made that the report is a severe indictment of the quality of care re-

* "Prepayment for Medical and Dental Care in New York."

(Both reports were submitted by the School of Public Health and Administrative Medicine, Columbia University to the Commissioner of Health and the Superintendent of Insurance.)

† "The Quantity, Quality and Costs of Medicine and Hospital Care Secured by a Sample of Teamster Families in the New York Area." See Supplement Fact Sheet.

ceived by the people of New York City, all the more so because of the enormous resources here in hospitals and personnel.

Providing Services in an Underprivileged Neighborhood

The problem was raised of how to provide services in an area that lacks the cohesion of a community and financial strength of its own. Possible contributors have moved away, practicing physicians are leaving the area, though the needs of the remaining population are great. Patterns of providing medical care are changing, as they should. An example cited was a pediatric clinic to provide emergency service around the clock, which the Health Department will open soon in Brooklyn and which is expected to relieve the heavy load on Kings County Hospital.

Dr. Trussell stated that the voluntary hospitals are needed in these areas but to survive they require more support from tax funds, which should be used to encourage quality. In his opinion, government should reimburse voluntary hospitals according to audited cost, not at a uniform flat rate. Clinics are a major source of financial loss because of insufficient reimbursement.

The Role of Laymen

The question was asked: What can laymen do to help to improve the quality of care? How can they assist in improving communications and understanding?

The chairman replied that he would be glad to address meetings of interested citizens and to tell them about his efforts. He found such meetings helpful in connection with necessary changes which at first deeply disturbed the community. The observation was made that experience has shown communication barriers are overcome most easily when professionals and laymen tackle concrete problems together.

Planning for Neighborhoods

A report was made of the work of the Public Health Committee of the Community Council of Greater New York for the provision of health services in neighborhoods. It is a well-established concept to centralize certain medical specialties in major institutions. All other services

should be decentralized to the neighborhood level, with the local hospital the nucleus of medical care. It was suggested that hospitals tend to be too isolated from the community; instead, they should be represented on local councils and offer leadership to neighborhoods. The importance of the differences in agency approach was pointed out. At the neighborhood level, the focus should be on the individual in his community and on helping him deal with his problems. A local agency should not be so absorbed in its own special function that it cannot see the individual as a whole, recognizing other needs and seeking the resources it cannot provide to meet them. A full range of neighborhood services requires cooperation among operating agencies, which is difficult to obtain.